

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009283
STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1417

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. FULL NAME OF (If NOT in hospital, give location) Queen Of The World 7 Mo.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Queen Of The World 7 Mo.		d. STREET ADDRESS 2314 E. 37th St.	
Length of stay in 1b 7 Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Dorothy Bellmer		4. DATE OF DEATH Month 3 Day 15 Year 59	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18-1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Kansas City Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Bellmer	
13b. MOTHER'S MAIDEN NAME Willie M. Stevenson		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT Benjamin Johnson		Address 4329 Agnes-K.C.Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARRHYTHMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MURAL THROMBUS DUE TO (c) Old MYOCARDIAL INFARCTION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OBESITY			INTERVAL BETWEEN ONSET AND DEATH 3 Days Weeks Only On Bed
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
21. I attended the deceased from 12 Feb 59 to 15 March 59 and last saw her alive on 14 March 59 Death occurred at 6:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Nathan W. Thatcher M.D.		22b. ADDRESS 710 W 12th St K.C. Mo	
22c. DATE SIGNED 17 March 59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-21-59	23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Kans
24. FUNERAL DIRECTOR Nathan W. Thatcher K.C.K.		25. DATE REC'D. BY LOCAL REG. 3-18-59	
		26. REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Wade E. Elliott USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clifford E. Woods*

Licensed Embalmer No. *3106*

P. O. Address *1520 21st St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.